

## FORM C

### PATIENT INTERVIEW

Date when the questionnaire is administered (mm/dd/yy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of interviewer: \_\_\_\_\_

*Interviewers to introduce themselves. If the patient is <18 years of age, ask the parent to conduct the interview.*

Hello, my name is \_\_\_\_\_, and I am calling on behalf of the \_\_\_\_\_ [state or local health department]. We are conducting a survey to determine the costs of being treating for exposure to rabies virus in California.

I would like to ask you some questions about the expenses you may have incurred because of your treatment (your child's treatment) following an exposure or possible exposure to rabies virus. The information collected from this interview will help your local health department and the state health department to determine the economic losses caused by rabies epidemics in wild animals in California. The knowledge of these losses will be useful for planning and strengthening our rabies prevention and control activities. Specifically, we are evaluating the benefits versus costs of using a skunk oral rabies vaccine to prevent future rabies outbreaks in skunks, as well as other wild animals, pets, livestock, and, people that may come into contact with rabid skunks.

Participation in this survey is voluntary and you may stop it at any time or you may choose not to answer any question that you do not care to answer. This survey is confidential, and we will not use your name in any way. We expect the interview to last about 15-20 minutes.

*Note to administrator: Please place an X in the parentheses ( ) to indicate the answer.*

The person answering the questionnaire is the:

\_\_\_\_ Patient      \_\_\_\_ Patient's parent      \_\_\_\_ Other (specify \_\_\_\_\_)

\_\_\_\_ Age of patient at time of rabies exposure

### ANIMAL RABIES EXPOSURE COSTS

I would like to ask you some questions about your (your child's) exposure or possible exposure to rabies. Please answer them as accurately as possible.

1. What species of animal exposed or possibly exposed you (your child) to rabies?

- \_\_\_\_ (1) Bat
- \_\_\_\_ (2) Pet/owned cat
- \_\_\_\_ (3) Pet/owned dog
- \_\_\_\_ (4) Feral/stray cat
- \_\_\_\_ (5) Feral/stray dog

\_\_\_\_(6) Domestic livestock such as cow, goat, etc. (specify: \_\_\_\_\_)

\_\_\_\_(7) Fox

\_\_\_\_(8) Skunk

\_\_\_\_(10) Other (specify: \_\_\_\_\_)

\_\_\_\_(99) Can't remember/Don't know

2. Did you own the animal involved in the incident?

( ) Yes            ( ) No            ( ) Can't remember/Don't know

3. Could you describe the nature of the exposure. I will read you a list of answers – please indicate all that apply.

\_\_\_\_(1) Animal bite

\_\_\_\_(2) Animal scratch

\_\_\_\_(3) Animal saliva – contact with mucous membrane (describe \_\_\_\_\_)

\_\_\_\_(4) Animal saliva contact – broken skin (describe \_\_\_\_\_)

\_\_\_\_(5) Other (describe \_\_\_\_\_)

\_\_\_\_(99) Unknown

4. Do you remember if the injury broke the skin?            ( ) Yes            ( ) No            ( ) Unknown

5. What was the location of the injury or other contact on your (your child's) body (check all that apply)?

\_\_\_\_(1) Face/head/neck

\_\_\_\_(2) Torso

\_\_\_\_(3) Arm(s)

\_\_\_\_(4) Hand(s)

\_\_\_\_(5) Leg(s)

\_\_\_\_(6) Foot/feet

\_\_\_\_(7) Other (Specify \_\_\_\_\_)

\_\_\_\_(99) Can't remember/don't know

6. Would you describe the exposure as provoked or unprovoked? For example, we would consider the attack provoked if you (your child) were attempting to feed or pet the animal, for example.

( ) Provoked            ( ) Unprovoked            ( ) Can't remember/Don't know

7. What county did you (your child) live in at the time of the rabies exposure?

\_\_\_\_\_ (indicate "99" if unknown)

8. In what county did the rabies exposure occur? \_\_\_\_\_ (indicate "99" if unknown)

9. Where did the exposure occur and please describe the activity that lead to the exposure? I will read you a list of choices.

\_\_\_\_(1) Your own home or yard

Please describe the activity leading to exposure

\_\_\_\_\_

\_\_\_\_(2) Someone else's home or yard  
Please describe the activity leading to exposure

\_\_\_\_(3) Your workplace  
Please describe the activity leading to exposure

\_\_\_\_(4) Recreation related (e.g., camping, hiking, etc.)  
Please describe the activity leading to exposure

\_\_\_\_(5) Other  
Please describe the activity leading to exposure

\_\_\_\_(99) Can't remember/Don't know

10. Given your answer to the last question, approximately how many days per month do you spend at this location or doing this activity? I will read you a list of choices.

- \_\_\_\_(1) Greater than 10 days/month  
\_\_\_\_(2) 5 – 10 days/month  
\_\_\_\_(3) 2 – 4 days/month  
\_\_\_\_(4) Less than 2 days/month  
\_\_\_\_(99) Can't remember/Don't know

11. From the following list, what governmental agencies attempted to capture or collect the animal for rabies testing or quarantine? (check all that apply)

- a. \_\_\_\_None  
b. \_\_\_\_Animal control  
c. \_\_\_\_County public health department  
d. \_\_\_\_Sheriff/police department  
e. \_\_\_\_Other governmental agency (Specify: \_\_\_\_\_)  
f. \_\_\_\_Can't remember/Don't know

12. To the best of your recollection, approximately how much time was spent trying to capture or collect the animal (include time spent by governmental agencies, as well as time spent by yourself, family members, neighbors, or other people)?

\_\_\_\_ hours/days (circle) *(Indicate "99" if they cannot remember/don't know)*

13. Do you recall if the animal was successfully captured?

- ( ) Yes      ( ) No      ( ) Can't remember/Don't know

14. Do you recall if the animal was captured alive?

- ( ) Yes      ( ) No      ( ) Can't remember/Don't know

15a) Do you recall if the animal died?

- ( ) Yes      ( ) No      ( ) Can't remember/Don't know

If *Yes*,

15b) How was the animal killed?

- ☐ The animal found dead (died on its own)  
☐ I killed the animal  
☐ Someone else killed the animal (Specify whom: \_\_\_\_\_)  
☐ Can't remember/Don't know

16a) Do you know if the animal was ever placed in quarantine?

- ☐ Yes      ☐ No      ☐ Can't remember/Don't know

If *Yes*,

16b) For how many days was the animal put in quarantine?

\_\_\_\_\_ days (Indicate "99" if unknown)

16c) Do you recall where the animal was quarantined? I will read you a list of choices.

- \_\_\_\_(1) Animal control  
\_\_\_\_(2) Veterinary clinic  
\_\_\_\_(3) Owner's home  
\_\_\_\_(4) Other (Specify \_\_\_\_\_)  
\_\_\_\_(99) Can't remember/Don't know

16d) Do you know if the animal died or was put to sleep while in quarantine?

- ☐ Yes      ☐ No      ☐ Can't remember/Don't know

17a) Do you know if the animal was tested for rabies?

- ☐ Yes      ☐ No      ☐ Can't remember/Don't know

17b) If *Yes*, did the animal test POSTIVE for rabies?

- ☐ Yes      ☐ No      ☐ Can't remember/Don't know

18a) Were any other persons exposed to rabies from the same animal along with you (your child)?

- ☐ Yes      ☐ No      ☐ Can't remember/Don't know

If *Yes*,

18b) How many other people were exposed?

\_\_\_\_\_ (Indicate "99" if unknown)

18c) How many of them also received rabies post-exposure treatment?

\_\_\_\_\_ (Indicate "99" if unknown)

19a) Were other animals exposed to this same animal?

( ) Yes      ( ) No      ( ) Can't remember/Don't know

19b). If *Yes*, how many other animals and what type (species) were also exposed to this same animal?

\_\_\_\_\_ number of other animals

Describe: \_\_\_\_\_

20a) Did you have to pay any quarantine charges for your own animal(s) due to this incident?

( ) Yes      ( ) No      ( ) Can't remember/Don't know

20b) If *Yes*, approximately how much did the quarantine cost you?

\_\_\_\_\_ \$ total cost      (Indicate "9999" if unknown)

21a) Did you have to pay to euthanize (put to sleep) any of your own animal(s) due to this incident?

( ) Yes      ( ) No      ( ) Can't remember/Don't know

21b) If *Yes*, approximately how much did the euthanasia cost you?

\_\_\_\_\_ \$ total cost      (Indicate "9999" if unknown)

22a) Did you have to pay to vaccinate any of your own animal(s) due to this incident?

( ) Yes      ( ) No      ( ) Can't remember/Don't know

22b) If *Yes*, approximately how much did the vaccine(s) cost you?

\_\_\_\_\_ \$ total cost      (Indicate "9999" if unknown)

## CLINIC OR HOSPITAL VISIT COSTS

Now I would like to ask you some questions about your visits to a doctor's office because of your (your child's) treatment due to this contact with a rabid or possibly rabid animal. Please answer them as accurately as possible.

23. I am going to read to you a list of people. Among these, who was the first person to recommend that you (your child) received post-exposure rabies treatment?

\_\_\_\_ (1) No one recommended rabies treatment

\_\_\_\_ (2) Animal control officer

\_\_\_\_ (3) County health department employee (e.g., public health nurse, health officer)

\_\_\_\_ (4) Friend or relative

- ☐ (5) Medical provider (e.g., physician, nurse)  
☐ (6) State health department employee  
☐ (7) Yourself  
☐ (8) Other (Specify \_\_\_\_\_)  
☐ (99) Can't remember/Don't recall

24. How many times did you (your child) visit a doctor because of this exposure before actually starting the post-exposure rabies treatment? \_\_\_\_\_ (Indicate "99" if unknown)

25. I am going to read to you a list of medical facilities. Please indicate from whom did you (your child) receive the first rabies treatment?

- ☐ (1) Rabies post-exposure prophylaxis treatment not given (**END INTERVIEW, skip to last page**)  
☐ (1) County clinic  
☐ (2) Emergency room  
☐ (3) Private medical office/Primary care physician  
☐ (4) Urgent care  
☐ (5) VA clinic  
☐ (6) Other (describe \_\_\_\_\_)  
☐ (99) Can't remember/Don't know

Rabies post-exposure treatment usually involves two shots on the first day of treatment. One of these injections is a product called human rabies immune globulin, which is usually given at the site of the bite or in the buttocks or arm if there was no bite. The other injection is the rabies vaccine, which is usually given in the upper arm. These first two shots are followed by 4 more vaccines on days 3, 7, 14, and 28.

26. To the best of your knowledge, did you (your child) receive all 6 of these doses of the post-exposure rabies treatment?      ( ) Yes      ( ) No      ( ) Can't remember/Don't know

27a) To the best of your knowledge, did you (your child) receive the treatment on the correct days: 0, 3, 7, 14, 28?      ( ) Yes      ( ) No      ( ) Can't remember/Don't know

27b) If *No*, please describe any changes to the treatment schedule and the reasons for these changes:

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28. To the best of your knowledge, did you (your child) receive all of the post-exposure rabies treatments at the same medical facility (clinic/hospital)?

( ) Yes      ( ) No      ( ) Can't remember/Don't know

29. Please list the hospitals or clinics where you (your child) were treated, if known:

Dose

Clinic/Hospital Name, City, and County

(a) HRIG

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(b) Vaccine 1

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(c) Vaccine 2 \_\_\_\_\_

(d) Vaccine 3 \_\_\_\_\_

(e) Vaccine 4 \_\_\_\_\_

(f) Vaccine 5 \_\_\_\_\_

30. Do you recall having your (your child's) "rabies titer" checked after the vaccination was complete?

☐ Yes      ☐ No      ☐ Can't remember/Don't know**TREATMENT COSTS AND LOST WAGES**

Now I am going to ask you some questions about your employment at the time of this post-exposure rabies treatment and the expenses incurred as a result of the treatment.

*If the patient is a child, ask the parent to answer the questions for him- or herself (or his or her spouse)—whoever was head of household at the time.*

31. Were the medical exams and rabies treatments covered by your insurance?

☐ Yes      ☐ No      ☐ No insurance      ☐ Can't remember/Don't know

32. To the best of your recollection, how much did you have to pay out of pocket for the vaccine treatments? (include insurance co-pay and deduction costs, exam fees, vaccine costs)?

\$\_\_\_\_\_ (Indicate "99" if unknown)

33. At the time of this incident, were you working for pay?

☐ Yes      ☐ No      ☐ Can't remember/Don't know**IF No or Can't Remember, skip to QUESTION 40.**

34. What was your occupation at the time of your (your child's) rabies post-exposure treatment?

Specify: \_\_\_\_\_

35. To the best of your recollection, how many days a week did you work during the month before your rabies exposure? Estimate as best as possible.

\_\_\_\_ Days per week (indicate "99" if unknown)

36. Specifically, were you:

\_\_\_\_(1) Employed by an employer

\_\_\_\_(2) Self-employed

\_\_\_\_(3) Other (Specify: \_\_\_\_\_)  
 \_\_\_\_ (9) Can't remember/Don't know

37. What was your income **from work** (do not consider retirement pension) at the time you (your child) were exposed to rabies? Estimate as best as possible. Indicate a payment rate, before taxes, that is easiest for you, such as, weekly, monthly, or yearly.

\$ \_\_\_\_\_/week (Indicate 99999 if can't estimate)

\$ \_\_\_\_\_/month (Indicate 99999 if can't estimate)

\$ \_\_\_\_\_/year (Indicate 99999 if can't estimate)

*If they cannot recall, please ask them to choose from this list:*

- \_\_\_\_(1) \$0
- \_\_\_\_(2) \$1 - \$20,000
- \_\_\_\_(3) \$20,001 - \$30,000
- \_\_\_\_(4) \$30,001 - \$40,000
- \_\_\_\_(5) \$40,001 - \$50,000
- \_\_\_\_(6) \$50,001 - \$60,000
- \_\_\_\_(7) \$60,001 - \$70,000
- \_\_\_\_(8) \$70,001 OR GREATER
- \_\_\_\_(9) Can't remember/Don't know
- \_\_\_\_(10) Prefer not to answer

38. Indicate the number of workdays missed due to your (your child's) rabies exposure?

\_\_\_\_\_days (Indicate "0" if none, and "999" if unknown)

39. Did you lose any wages as a result of seeking treatment? Please estimate the amount of lost wages.

\$ \_\_\_\_\_ (Indicate "0" if none, and "999" if unknown)

40a) Did someone else miss work to care for you (your child) because of the rabies exposure? For example, did someone have to take off work to bring you to the doctor's for rabies treatment?

( ) Yes ( ) No ( ) Can't remember/Don't know

41b) If *Yes*, please estimate the total number of workdays this person missed to care for you.

\_\_\_\_\_days (Indicate "0" if none, and "999" if unknown)

41c) What was the occupation of this person? \_\_\_\_\_

## ADVERSE EFFECTS OF TREATMENT COSTS

Next, I am going to ask you about adverse effects that you (your child) may have experienced following the rabies post-exposure treatment. Examples of adverse effects include any bad reactions to the vaccine.



42. Did you (your child) suffer a reaction from any of the rabies treatments received?

( ) Yes            ( ) No            ( ) Can't remember/Don't know

**If No, skip to TRAVEL TIME AND OTHER COSTS**

If Yes, please describe:

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43. I am going to read you a list of medical providers. Please indicate from whom you received treatment for the vaccine reaction (check all that apply)?

- \_\_\_\_ (1) County clinic  
 \_\_\_\_ (2) Emergency room  
 \_\_\_\_ (3) Private medical office/Primary care physician  
 \_\_\_\_ (4) Urgent care  
 \_\_\_\_ (5) VA clinic  
 \_\_\_\_ (6) Other (describe \_\_\_\_\_)  
 \_\_\_\_ (9) Can't remember/Don't know

44. How many times did you (your child) visit a hospital or clinic because of the reaction to the vaccine?

\_\_\_\_\_ visits            (Indicate "99" if unknown)

45. Were these visits covered by your insurance?

( ) Yes            ( ) No            ( ) No Insurance            ( ) Can't remember/Don't know

46. To the best of your recollection, how much did you have to pay out of pocket because of the vaccine reaction or other adverse event from rabies treatment (include insurance co-pay and deduction costs, medications, etc.)?

\$ \_\_\_\_\_ (Indicate "99" if unknown)

47. Indicate the number of workdays missed due to your (your child's) vaccine reaction?

\_\_\_\_\_ days            (Indicate "0" if none, and "999" if unknown)

48. Did you lose any wages as a result of seeking treatment for the vaccine reaction? Please estimate the amount of lost wages.

\$ \_\_\_\_\_ (Indicate "0" if none, and "999" if unknown)

49a) Did someone else miss work to care for you (your child) because of the vaccine reaction?

( ) Yes            ( ) No            ( ) Can't remember/Don't know

49b) If Yes, please estimate the total number of workdays this person missed to care for you.

\_\_\_\_\_ days            (Indicate "0" if none, and "999" if unknown)

49c) What was the occupation of this person? \_\_\_\_\_

## TRAVEL TIME AND OTHER COSTS

50. Estimate the average amount of time you spent traveling to and from your medical visit for treatment.

Each round-trip visit \_\_\_\_\_ minutes/hours *(Indicate "99" if unknown)*

51. Estimate the average number of miles you drove for each treatment visit.

Each round-trip visit \_\_\_\_\_ miles *(Indicate "99" if unknown)*

52a) Was each trip made to the same location?

☐ Yes      ☐ No      ☐ Can't remember/Don't know

52b) If *No*, please describe:

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53a) Did you use any miscellaneous services such as babysitting or transportation (bus, taxi) due to your rabies exposure?

☐ Yes      ☐ No      ☐ Can't remember/Don't know

53b) If *Yes*, please specify which services you used:

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54c). Approximately how much did you pay for these services?

\_\_\_\_\_ (total \$) *(Indicate 9999 if unknown)*

55. Please describe any other costs that we have not asked about that you (your child) incurred as a result of being exposed to rabies and receiving rabies treatment. Indicate the reason for the expenditure and the total amount

\_\_\_\_\_ (total\$) for \_\_\_\_\_

\_\_\_\_\_ (total\$) for \_\_\_\_\_

56a) Did you suffer any long-term effects (including emotional issues) from the incident or the treatment you received?

( ) Yes            ( ) No            ( ) Can't remember/Don't know

57b) If *Yes*, describe these effects

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33. At the time of this incident what was your level of education? I will read to you a list of choices.

- \_\_\_\_ (1) Some high school  
 \_\_\_\_ (2) High school diploma  
 \_\_\_\_ (3) Bachelor's degree  
 \_\_\_\_ (4) Master's degree  
 \_\_\_\_ (5) Professional or doctorate  
 \_\_\_\_ (6) Prefer not to answer  
 \_\_\_\_ (9) Can't remember/Don't know

59. What is you (your child's) race/ethnicity. I will read to you a list of choice.

- |                               |                                |
|-------------------------------|--------------------------------|
| ____ (1) Alaskan native       | ____ (7) White (non-Hispanic)  |
| ____ (2) Asian                | ____ (8) Other (Specify _____) |
| ____ (3) Black (non-Hispanic) | ____ (9) Prefer not to answer  |
| ____ (4) Hispanic             | ____ (99) Unknown              |
| ____ (5) Native American      |                                |
| ____ (6) Pacific Islander     |                                |

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That is the end of our survey. Thank you very much for agreeing to participate. Your answers will greatly help us improve our rabies control program in the future. If you should have any questions, please feel free to give me a call at \_\_\_\_\_.